DINING FACILITY SANITATION

Proponent / Phone No. MEDDAC	Point of Contact: Date of Inspection: Unit Phone No.: Inspector's Phone No.:			
Unit Inspected:				
Unit Representative:				
Inspector's Name:				
Unit Overall Rating: T P U				
REFERENCE: TB Med 530, November 1991				
STANDARDS: "T"= 90% success rate of evaluated tasks with no failed no failed critical tasks, "U"= less than 70% success rate of evaluated to	ed critical task tasks or one fa	s, "P"= 70 ailed critic	% success rate al task.	of evaluated tasks with
INSPECTION CRITERIA:	LEVEL	GO	NO GO	REMARKS
CRITICAL: The Comprehensive Food Service Inspection, DA Form 5161 (Aug 91), found in TB Med 530 will be used to inspect the dining facility.	СО			
REMARKS:				